

Adair Acute Care at
Osawatomie State Hospital
Overview

Adair Acute Care Building Updates

- Transition from OSH
- A1/A2 (30 beds each)
- Professional hall
- Treatment rooms
- Interview rooms
- Patient rooms
- Group rooms
- New fencing



Adair Acute Care Program Focus

Acute Psychiatric Care

- Psychotic conditions
- Delusional conditions
- Severe depression
- Bipolar disorder
- Suicidal ideation
- Homicidal ideation
- Mental health conditions that cause self-care failure
- Substance abuse –secondary or a detox protocol



Adair Acute Care Operational Data September 1, 2016 – November 30, 2016

- Average Length of Stay = 16.3 Days
- Admissions = 253
- Discharges = 259
- Recidivism rates = 10 percent (Readmission within 30 days)
- Average Daily Census = 52.6



New organizational and governing body structure

- Quarterly reporting for oversight
- Approval of bylaws and medical staff appointments
- Weekly conference calls



Policy and Procedure Review

- Reviewed close to 200 policies. Revised at least half.
- Revised Medical staff bylaws
- Revised the Risk Management Plan (Approved by KDHE)



Levels of Observation:

- 15-minute checks standard
- Line of Sight
- 1:1



Acuity Scales

- Medical acuity
- Psychiatric acuity



Committee Structures

- Administrative Executive Committee
- Committee of the Whole ("COW")
- C.A.R.E. Committee (Committee to Access, Respect and Empowerment)
- Risk Management Committee



Revised Position Descriptions

- Director of Nursing
- Director of Social Services
- Program Manager
- Administrative Officer
- Staff Trainer
- Scheduler
- Risk Manager
- Infection Control Nurse
- Nurse Supervisors
- CEO



Increased physician coverage (7 days a week)

- Medical Directors
 - > Psychiatry
 - ➤ Physical Medicine
- Four full-time psychiatrists
- Medical physicians
- Psychiatric residents cover weekends



Quality Assurance/ Performance Improvement (QAPI)

- Internal monitoring
- New metrics
- Satisfaction Surveys
- 23 Current projects (examples below)
 - ➤ Medical Transfers
 - >MHDDFT documentation reviews
 - ➤ Nursing intake assessment
 - >RN documentation reviews
 - > Social services chart reviews
 - ➤ Treatment planning-Near misses
 - ➤ Psychiatric evaluations (w/n 24 hours of admission)



- Increased staffing schedule on units has resulted in:
 - ➤ Reduced mandates
 - > Reduced overtime
 - ➤ Reduction of nursing staff caseloads
 - 1 to 15 ratio per nurse
 - 1 to 7 ratio per Mental Health Technician
 - Increased safety for patients and staff on units



- Increased focus on individualized treatment planning
- Increased focus on patient/staff safety
- Refined triage process
 - ➤ Increased communication and streamlined workflow
 - Stronger focus on determining medical stability of patients prior to admission
- Revised pharmacy protocols



- Strengthened discharge planning process
- Modified Electronic Medical Record (EMR)
 - ➤ Additional templates
 - ➤ New alerts
 - ➤ DO3 (Electronic Card Index)



- Environment of Care
 - ➤ Modified buildings
 - ➤ Safety supplies
 - > Environmental rounds



Professional Environment

- New dress code
- Vigorous training
- Development of support tools which will:
 - ➤ Monitor distribution of admissions
 - ➤ Admission/Triage process effectiveness
 - > Staffing variance
- Newly defined mission/vision



Impact of Changes

- Substantial reduction of physical interventions
 - > Physical restraints
 - > 72 percent drop in October (Compared to September)
 - ➤ 62 percent fewer in November (Compared to September)
 - > 25 percent greater in November (Compared to October)

Department for Aging

and Disability Services

* Variances generally due aggressive patients with a high frequency of incidents. (Sometimes due to organic conditions)

Raising Expectations

- Continue to improve the organizational culture
- Increased employee recognition
- Strive for better outcomes
- Develop a leadership model to achieve recognition as Center of Excellence

